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PATENT OPERATION

002

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7590
05/03/2004
MICHAEL A. CRADIE
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Bloomfield, CT 06002FRANK A. SMITH
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Elizabeth A. Thoresen	(Depositor's name)
<i>Elizabeth A. Thoresen</i>	(Signature)
7/20/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/766,303	01/19/2001	Curtis Cradie	8CL-7332	9633

TITLE OF INVENTION: COLORED DATA STORAGE MEDIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	08/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOYKIN, TERRESSA M	1711	369-275100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

General Electric Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schenectady, NY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0862 (enclose an extra copy of this form).

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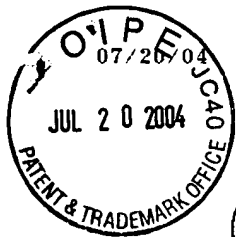
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Adjustment date: 07/21/2004 AWONDAF2
03/06/2003 MGE BREM2 00000024 070862 09766303
01 FC:1501 1300.00 CR

07/21/2004 AWONDAF2 00000016 070862 09766303
01 FC:1501 1330.00 DA

TRANSMIT THIS FORM WITH FEE(S)



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PATENT OPERATION

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FAX COVER SHEET

To: U.S. Patent & Trademark Office Fax No: (703) 746-4000

From: Elizabeth Thoresen
FAX: 413 448-7601

Date: July 20, 2004

RE: Serial No. 09/766,303
Attorney Docket No. 08CL7332-6

Pages to Follow: 2

Note:

In regard to the above-referenced case, attached are:

Issue Fee Transmittal (PTOL-85)
Designation of Fee Address

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